



ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF INTERGOVERNMENTAL SERVICES  
VICTIM JUSTICE AND ASSISTANCE PROGRAM  
**QUARTERLY STATISTICAL SUMMARY REPORT**

<b>SUBGRANT ORGANIZATION</b>													
<b>SUBGRANT NUMBER</b>								<b>REPORT PERIOD</b>	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	
<b>TYPE OF ORGANIZATION</b>								(Check One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		1	2	3	4	5	6	7	8	9	10	11	12
		CHILD PHYSICAL ABUSE	CHILD SEXUAL ABUSE	DUI/DWI CRASHES	DOMESTIC VIOLENCE	ADULT SEXUAL ASSAULT	ELDER ABUSE	SURVIVORS OF HOMICIDE VICTIMS	ROBBERY	ASSAULT	TEEN SEXUAL ASSAULT	ADULTS MOLESTED AS CHILDREN	OTHER
<b>RACE/ ETHNICITY</b>	Black or African American												
	Hispanic or Latino												
	Indian or Native American												
	Asian American												
	Pacific Islander												
	Caucasian												
	Other												
	<b>TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>AGE</b>	0 - 12												
	13 - 17												
	18 - 24												
	25 - 40												
	41 - 59												
	60+												
	Not Specified												
	<b>TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>GENDER</b>	Male												
	Female												
	Not Specified												
	<b>TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0

*I certify that I am the authorized or acting authorized official of the subgrant organization named above. The contents of this report are a true and accurate representation of the services provided during the reporting period. Furthermore, I accept that this certification shall be treated as a material representation of fact upon which reliance will be placed by the State of Arkansas, Department of Finance and Administration.*

\_\_\_\_\_  
Authorized Official Signature

\_\_\_\_\_  
Date